

# GREEN PRIMARY CARE

## Patient Referral

Referring to Provider \_\_\_\_\_ NPI \_\_\_\_\_

Fax \_\_\_\_\_ Phone \_\_\_\_\_

Practice \_\_\_\_\_

First Available ☐

### Patient

Creation Date

|                 |                   |              |     |
|-----------------|-------------------|--------------|-----|
| First Name      | MI                | Last Name    |     |
| Gender          | Social Security # |              | DOB |
| Mailing Address |                   |              |     |
| City            |                   | State        | Zip |
| Home Phone #    |                   | Cell Phone # |     |
| Email Address   |                   |              |     |

### Insurance

|                     |          |         |
|---------------------|----------|---------|
| Primary Insurance   | Policy # | Group # |
| Secondary Insurance | Policy # | Group # |

### Referring Physician Information

|                         |                |                        |
|-------------------------|----------------|------------------------|
| Reason for Referral     |                |                        |
| Referring Provider Name |                | Referring Provider NPI |
| Signature               | Office Phone # | Office Fax #           |

GPC Contact \_\_\_\_\_

Direct Message Address: [directmessaging@greenprimarycare.drchronodirect.com](mailto:directmessaging@greenprimarycare.drchronodirect.com)

Notes

2004 Airport Rd. SW #212, Huntsville, AL 35801

(256)784-7336 Phone

(256)743-4358 Fax